

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 17E294	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/1/2016
NAME OF FACILITY F W HUSTON MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 408 DELAWARE ST WINCHESTER, KS 66097	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0242	Correction	ID Prefix F0274	Correction	ID Prefix F0278	Correction
Reg. # 483.15(b)	Completed	Reg. # 483.20(b)(2)(ii)	Completed	Reg. # 483.20(g) - (j)	Completed
LSC	07/01/2016	LSC	07/01/2016	LSC	07/01/2016
ID Prefix F0279	Correction	ID Prefix F0280	Correction	ID Prefix F0318	Correction
Reg. # 483.20(d), 483.20(k)(1)	Completed	Reg. # 483.20(d)(3), 483.10(k)(2)	Completed	Reg. # 483.25(e)(2)	Completed
LSC	07/01/2016	LSC	07/01/2016	LSC	07/01/2016
ID Prefix F0323	Correction	ID Prefix F0329	Correction	ID Prefix F0411	Correction
Reg. # 483.25(h)	Completed	Reg. # 483.25(l)	Completed	Reg. # 483.55(a)	Completed
LSC	07/01/2016	LSC	07/01/2016	LSC	07/01/2016
ID Prefix F0428	Correction	ID Prefix F0431	Correction	ID Prefix F0441	Correction
Reg. # 483.60(c)	Completed	Reg. # 483.60(b), (d), (e)	Completed	Reg. # 483.65	Completed
LSC	07/01/2016	LSC	07/01/2016	LSC	07/01/2016
ID Prefix F0520	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.75(o)(1)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	07/01/2016	LSC		LSC	
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 6/2/2016		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			